

DEPARTMENT OF BENEFIT PAYMENTS



June 14, 1974

ALL-COUNTY LETTER NO. 74-106

TO: ALL COUNTY WELFARE DIRECTORS

FOOD STAMP PROGRAM - REVISED FORM DFA 332 (CLAIM DETERMINATION REPORT) AND PROPOSED STATE FORM DFA 332.1 (VERIFICATION OF FOOD STAMP ATP USAGE)

Attached for your review, comment, and contingency planning are advance copies of revised Form DFA 332, Claim Determination Report, and proposed state form, DFA 332.1, Verification of Food Stamp ATP Usage. Also attached are the pertinent form instructions.

The proposed form, DFA 332.1, is for optional use by ATP card issuance counties. It is designed to provide documentary evidence that a household did, in fact, receive the bonus overissuance(s) stated in the DFA 332 Claim Determination Report. It would therefore be prepared and completed prior to initiating Form DFA 332. It is only for internal administrative purposes and does not require submittal to FNS.

The revisions to DFA 332 include the following form changes:

The form's mailing instructions at the top right-hand side requires direct submittal to Food and Nutrition Service, Western Region Office in San Francisco.

An additional space item is provided at the top left-hand side of the form to indicate whether the claim determination report is related to a USDA - Office of Inspector General (OIG) audit recommendation.

Item #4 includes an additional space for identifying the case-carrying office in which the DFA 332 was prepared if the county has more than one case-carrying office.

Item #5 includes an additional block for mixed nonassistance household classification and has been updated by deleting the adult aid household classifications.

Item #6, "Correct Basis of Issuance," includes an additional column to indicate the household's eligibility status.

OBsolete

Superseded by

ACL #76-27

issued

2-13-76

Item #7a deletes county fraud or gross negligence as a basis for the claim determination report. FNS will determine from the report(s) if county fraud or gross negligence is indicated.

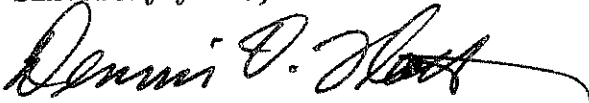
Item #9 has been reworded to provide informational data on the collectibility of the incurred program loss.

Item #10 has been modified to provide for a claim review and comments by a county-designated review officer. This, and the change in the form's mailing instructions, will serve to expedite the processing, collection, FNS review for concurrence, and close-out actions.

With regard to changes to Item #10, it is requested that your department provide us at the earliest date, the name and official title of the person designated as your department's Claim Review Officer. The minimum qualifications for a Claim Review Officer must not be less than that of a first-line supervisor of eligibility workers or the equivalent. It is recommended that the Review Officer be familiar with the Food Stamp Program.

We will appreciate any comments by June 30, 1974.

Sincerely yours,



DENNIS O. FLATT
Deputy Director
Welfare Program Operations

Attachment

cc: FNS, USDA
CWDA - Food Stamps Committee
CWDA - Research Committee

INSTRUCTIONS: Send original and 2 copies to FNS
Western Region Office
One copy for case record
One copy for claim determination file
One copy for county audit file
if audit related

CLAIM DETERMINATION REPORT

OA Audit No., if Audit related _____

1. NAME OF HEAD OF HOUSEHOLD _____	2. ADDRESS OF HOUSEHOLD _____
3. CASE NUMBER _____	4. A. COUNTY _____ B. OFFICE IDENTIFICATION IF APPLICABLE _____

5. CLASSIFICATION ☐ PURE NONASSISTANCE ☐ MIXED NONASSISTANCE ☐ B. ASSISTANCE (CHECK TYPE) ☐ AFDC ☐ GR/GA ☐ OTHER _____

6. AMOUNT OF BONUS STAMPS OVERISSUED — TOTAL BONUS OVERISSUANCE —————> \$ _____

ACTUAL BASIS OF ISSUANCE	DATE CERTIFIED	MONTH OF PURCHASE	SIZE H.H.	NET ADJ. INCOME	PURCHASE REQUIREMENT	BONUS	TOTAL VALUE
TOTALS							

CORRECT BASIS OF ISSUANCE	MONTH	ELIGIBILITY STATUS	SIZE H.H.	NET ADJ. INCOME	PURCHASE REQUIREMENT	BONUS	TOTAL VALUE
Use additional sheets as necessary				TOTALS			

7a. BASIS FOR CLAIM DETERMINATION

Check one: ☐ ADMINISTRATIVE OR PROCEDURAL ERROR BY COUNTY ☐ HOUSEHOLD ERROR OTHER THAN FRAUD OR DELIBERATE MISREPRESENTATION
☐ FRAUD OR DELIBERATE MISREPRESENTATION BY HOUSEHOLD

7b. EXPLANATION FOR OVERISSUANCE (Continue on back if necessary) **THIS ITEM MUST BE COMPLETED**

8. ACTION TAKEN (Procedural changes, corrective adjustments, D.A. referral, repayment collections, etc.)

9. RECOMMENDATION AS TO COLLECTIBILITY

☐ LOSS COLLECTIBLE ☐ LOSS NOT COLLECTIBLE FOR FOLLOWING REASON(S):

☐ WHEREABOUTS UNKNOWN ☐ AMOUNT OF CLAIM IS LESS THAN COST OF RECOVERY ☐ OTHER (EXPLAIN)

☐ LOSS NOT COLLECTIBLE ☐ UNABLE TO COLLECT OR ENFORCE COLLECTION OF ANY SIGNIFICANT SUM ☐ CANNOT PRODUCE EVIDENCE NECESSARY TO PROVE CLAIM ☐ CLAIM IS LEGALLY WITHOUT MERIT

SIGNATURE AND TITLE OF WORKER COMPLETING FORM _____	DATE _____
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10. CLAIM REVIEW AND APPROVAL BY COUNTY REVIEW OFFICER

SIGNATURE AND TITLE OF AGENCY AUTHORIZED REVIEW OFFICER _____	DATE _____
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FORM INSTRUCTIONS

If the claim determination report is related to a USDA-Office of Audit (OA) recommendation, indicate this by entering the pertinent OA audit number in the space shown at the top left side of the form.

Instructions for distribution: See Section 63-610.3 for those instances when no copy need be forwarded to FNS. The copy designated "for claim determination file" refers to nonfraud claims under \$400 and, per 63-610.33, c., may be replaced by a register.

Items (1 through 5) List name and address of household head, household's FS Case No., county name and identification of the case-carrying office if it is a branch of the central office, and household classification. (Check "other" for assistance programs not indicated, e.g., AB, ATD or OAS assistance program losses which occurred prior to their transfer to SSI. (Note: The remaining adult aid program, APSB, is classified nonassistance for Food Stamp Program purposes.)

Item (6) Show the basis under which the food coupons were actually issued and correct basis under which the food coupons should have been issued to the recipient. If the household was ineligible to participate in the Food Stamp Program, indicate this by writing not eligible in space designated "Eligibility Status." If eligible, indicate this by an appropriate mark, e.g., "OK" or "ELG." **Be sure to use the purchase requirement tables applicable during the period in which the program loss was incurred.**

Enter total loss (bonus overissuance) in space indicated at top right-hand side of Item (6).

Item (7a) Check the most appropriate box.

Item (7b) Enter a clear, explicit explanation of the facts with as much detail as necessary to establish the basis for the claim determination.

Example: If the basis for the claim determination is given as "fraud," the explanation must contain facts which evidence deliberate and intentional misrepresentation by the household. See Section 63-610.1 for fraud definition.

Item (8) Report any corrective or collection actions taken by the county; i.e., participation terminated or adjusted, Agency procedural changes, overissuance repayment collections, referrals to District Attorney, etc.

Item (9) Mark the appropriate box indicating whether or not the program loss is collectible - additional comments if applicable. Worker completing Items 1 through 9 signs and dates.

Item (10) This space is for review comments and will be completed and signed by the county's designated Review Officer. The Review Officer's comments must include his concurrence or nonconcurrence with all completed elements of the claim determination report, including:

1. Total bonus overissuance,
2. Basis for the claim determination,
3. Explanation for the overissuances,
4. Corrective and/or collection action(s) taken, **AND**
5. Recommended collection action. The Review Officer's comments on this item should include a statement indicating whether collection action should be initiated, deferred pending response from FNS, or declined for one or more of the reasons listed under Item (9).

VERIFICATION OF FOOD STAMP A USAGE

TO: ATP Issuance or Data Processing Unit

Please verify food stamp usage for the months listed below.

[illegible]

DFA 332.1 INSTRUCTIONS

This form, or a similar county developed form, should be used by all ATP card issuance counties and completed prior to preparation of the DFA 332 Claim Determination Report. The ATP issuance and usage data contained on this form will serve as a case record document, evidencing the household's receipt of the coupon overissuances reported on Form DFA 332. This form can also be useful in supporting participant claims for FNS refunding of overpayments made in purchase requirements as result of county administrative error.

FORM PREPARATION

On discovery that an overissuance or potential overissuance has occurred, the certification or eligibility worker initiates preparation of at least 2 copies of the form, completing the case identifying information section and Items 1 through 3 of Part I. The form is then routed to unit personnel having access to the returned/redeemed ATP cards (or EDP listings of such redemptions). Form Items 4 through 7 are then completed and returned to the certification worker. If the ATP redemption data evidences household receipt of coupon overissuance, the worker then proceeds to complete Form DFA 332 claim determination. If submittal of the DFA 332 claim report to FNS—is required—it is not necessary to attach Form DFA 332.1. In all instances, however, where an improperly issued ATP could result in an overissuance of coupons, a completed Form DFA 332.1 should be filed in the pertinent case record as evidence substantiating the ATP's actual usage or nonusage.

PART I – ATP ISSUANCE DATA

Item Numbers 1 through 3: List under Item No. 1, the month(s) and year of the suspected overissuance(s). Enter from the household's certification record only the information on purchase requirements and stamp allotments that are pertinent to the period(s) of the suspected overissuance(s).

PART II – ATP USAGE

Item Numbers 4 through 7: Complete the corresponding item entries from data shown on the returned/redeemed ATP's. Unless there is contrariwise evidence, any ATP's issued but not returned to the county in accordance with the time limits stipulated in the County/Agent's issuance contract are to be deemed as not used and so indicated in the appropriate form space.

63-907 INSTRUCTIONS ON FORMS (Continued)

63-907

332 - Claim Determination Report (DFA 332)

Whenever a county determines that a bonus overissuance was incurred as result of participant fraud or when the value of the incurred bonus overissuance was \$400 or more, (even though the household has made repayment, see Section 610.33b), it is required to complete and submit Form DFA 332 to FNS - Western Regional Office, 550 Kearney Street, San Francisco, California 94108. For nonfraud program losses of less than \$400 and where collection action has been declined as provided in Section 63-610, no submittal is required provided that DFA 332 report is completed and filed in the pertinent county case record.

When submittal is required, the original and two copies are sent directly to FNS. If claim report is audit related, retain one copy in county audit files. Two additional copies are retained at county level, one in the case record and another copy into a county "claim determination file." NOTE: A register of such cases per Section 63-610.33(c) will suffice.

Funds equal to the value of bonus stamps charged by FNS as a liability to the county, are to be remitted in accordance with instructions to be provided by FNS at the time of their claim for reimbursement. For instructions on remittal of recipient claim collections, see Manual Section 63-614.

Preparation

If the claim determination report is related to a USDA - Office of Audit (OA) recommendation, indicate this by entering the pertinent OA audit number in space shown at the top left side of the form.

Items (1 through 5)

List the name and address of the household head, household's FS Case-Number, county name and identification of the reporting office if it is a branch of the central office, and household classification. (Check "other" for assistance programs not indicated, e.g., AB, ATD or OAS assistance program losses which occurred prior to their transfer to SSI.)

Item (6)

Show the basis under which the food coupons were actually issued and correct basis under which the food coupons should have been issued to the recipient. If the household was ineligible to participate in the Food Stamp Program, indicate this by writing not eligible in space designated "Eligibility Status." If eligible, indicate this by an appropriate mark, e.g., "OK" or "ELG." Be sure to use the purchase requirement tables applicable during the period in which the program loss was incurred.

Enter total loss (bonus overissuance) in space indicated at top right-hand side of Item (6).

63-907 INSTRUCTIONS ON FORMS (Continued)

63-907

Item (7a)

Check the most appropriate box.

Item (7b)

Enter a clear, explicit and detailed explanation of the facts used to establish the basis for claim determination.

Example: If the basis for the claim determination is given as "fraud," the explanation must contain facts which indicate deliberate and intentional misrepresentation by the household for the purpose of influencing the certifying agency. Section Section 63-610.1 for fraud definition.

Item (8)

Report any corrective or collection actions taken by the county; i.e., participation terminated or adjusted, Agency procedural changes, overissuance repayment collections, referrals to District Attorney, etc.

Item (9)

Mark the appropriate box indicating whether or not the program loss is collectible - additional comments if applicable. Worker completing Items 1 through 9 signs and dates.

Item (10)

This space is for review comments and will be completed and signed by the county's designated Review Officer. The Review Officer's comments must include his concurrence or nonconcurrence with all completed elements of the claim determination report, including:

1. Total bonus overissuance;
2. Basis for the claim determination;
3. Explanation for the overissuances;
4. Corrective and collection action(s) taken; AND
5. Recommended collection action. The Review Officer's comments on this item should include a statement indicating whether collection action should be initiated immediately, deferred pending response from FNS, or declined for one or more of the reasons listed under Item (9).